



Art Unit : 1642
Examiner : Canella, Karen A.
Serial No. : 09/503,089
Filed : February 11, 2000
Inventors : Amanda J. Patel
: Eric Honore
: Florian LeSage
: Georges Romey
: Michel Lazdunski
Title : A METHOD FOR THE
: IDENTIFICATION OF
: ANESTHETICS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



22469

PATENT TRADEMARK OFFICE

Docket No.: 1201-CIP-3-00

Confirmation No.: 6089

Dated: September 23, 2002

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Washington, DC 20231

Sir:

Certificate of Mailing Under 37 CFR 1.8

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Claim of Extension of Time for Response, in duplicate
Amendment Transmittal Letter, in duplicate
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to **Box AF**, Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
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Schnader Harrison Segal & Lewis
Customer No. 022469

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Date: 23 SEP 2002



Attorney Docket No.: 1201-3-00

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In re Application of Amanda J. Patel et al.

Serial No.: 09/503,089

Filed: February 11, 2000

For: A METHOD FOR THE IDENTIFICATION OF ANESTHETICS

COMMISSIONER FOR PATENTS
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- x No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 22	-	** 25 =	0
INDEP.	* 11	-	** 11 =	0
_ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$0 OR \$ _____

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

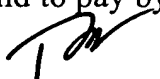
— Please charge my Deposit Account No. 13-3405 in the amount of \$ _____.
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x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.



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